no discharge whatever. At repeated vaginal examinations I found the right appendages to be very tender, but owing to the pain caused to the patient could not definitely map out any swelling.

The whole history so far, of having last had menses on Dec. 17th, 18th, none appearing in January, the subjective symptoms of a peculiar feeling in the breasts such as she experienced only when pregnant, the sudden attack of intense paroxysmal pain on the right side, more or less constant, the acute attack of this evening, Feb. 21st, with fainting attacks, all this array of symptoms was so strongly suggestive of an extra-uterine fœtation that I decided to call in Dr. Prévôst for consultation.

Feb. 22nd. Condition unchanged, two simple enemata of a quart each had no effect; patient vomited more or less all day, considerable tympanites.

In the evening I related the history to Dr. Prévôst, who then saw her. Temperature was 99° F., pulse 80 and fairly strong. She had not urinated all day, and per catheter about a quart of urine was drawn off.

Dr. Prévôst examined her, advised symptomatic treatment and Calomel, gr. x, at 11 P.M. He thought everything pointed to an extra-uterine pregnancy.

Feb. 23rd. Dr. Prévôst and I saw her at noon. She had passed a good night, vomiting had ceased and since early morning a bloody discharge had commenced to ooze out of the vagina. On removing the napkin we found there a most perfect and beautiful decidual cast of the uterine cavity, no ovum. Vaginal examination revealed an enlargement of the right tube apparently close to the right cornu, and which was very tender to touch. This practically settled the diagnosis.

A high rectal enema gave good results in the afternoon. The stomach became settled, so the diet was increased to include soups, broths, gruels and champagne. Hot dry flannels were still kept applied to the abdomen.

Feb. 24th. Patient comparatively well, tenderness in right side still persisted, slight bloody discharge, temperature slightly elevated (99°). Ordered douche of Perchloride of Mercury 1-2000, to be given night and morning.

Feb. 25th. Patient felt well, slight external tenderness. Vaginal examination almost painless, uterus only slightly tender, anteflexed and deflexed towards the left side. On the right side, at the upper part of the uterus, was a swelling which I could not separate from